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Bib Data Sheet

CONFIRMATION NO. 2290

SERIAL NUMBER 09/186,810	FILING DATE 11/05/1998 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 1416.25US02
APPLICANTS WENDA C. CARLYLE, VADNAIS HEIGHTS, MN; SHEILA J. KELLY, VADNAIS HEIGHTS, MN; MATTHEW F. OGLE, SAINT PAUL, MN;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/014,087 01/27/1998				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/25/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY MN	SHEETS DRAWING 7	TOTAL CLAIMS 27
INDEPENDENT CLAIMS 2				
ADDRESS 24113				
TITLE PROSTHESES WITH ASSOCIATED GROWTH FACTORS				
FILING FEE RECEIVED 944	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/186,810	11/05/98	623	3738	S16.12-0052

APPLICANT WENDA C. CARLYLE, VADNAIS HEIGHTS, MN; SHEILA J. KELLY, VADNAIS HEIGHTS, MN; MATTHEW F. OGLE, SAINT PAUL, MN.

CONTINUING DOMESTIC DATA***

VERIFIED THIS APPLN IS A CIP OF 09/014,087 01/27/98

Prohibit

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

FOREIGN FILING LICENSE GRANTED 11/25/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 7	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 2
Verified and Acknowledged <u>Examiner's Initials</u> <u>Initials</u>					

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900 SECOND AVENUE SOUTH
MINNEAPOLIS MN 55402-3319

TITLE PROSTHESES WITH ASSOCIATED GROWTH FACTORS

FILING FEE RECEIVED \$944	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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